



#1 Community Drive • Horseshoe Bay, TX 78657  
Phone: (830) 598-9943 • Fax: (830) 598-8744  
E-mail: tmoore@horseshoe-bay-tx.gov

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**PEDDLER AND VENDORS PERMIT APPLICATION**

Date \_\_\_\_\_

**COMPANY/ORGANIZATION**

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Complete list of goods to be sold and/or services delivered: \_\_\_\_\_

\_\_\_\_\_

Texas Sales and Use Tax Permit # (if applicable) \_\_\_\_\_ (Attach Copy)

**APPLICANT**

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Hm. Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ OR

Social Security Number: \_\_\_\_\_ and Official Government Issued Picture Identification Card  
Number \_\_\_\_\_

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this state or any other state? ☐ Yes ☐ No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted

\_\_\_\_\_

\_\_\_\_\_

I swear or affirm that the above statements are true and correct.

\_\_\_\_\_  
Applicant's Signature

**VEHICLES TO BE USED IN SOLICITING**

Vehicle #1:

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Vehicle #2:

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

**APPLICANT'S ASSOCIATES**

**ASSOCIATE #1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Hm. Phone:** \_\_\_\_\_ **Wk. Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **OR**

**Social Security Number:** \_\_\_\_\_ **and Official Government Issued Picture Identification Card**  
**Number** \_\_\_\_\_

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this state or any other state? ☐ Yes ☐ No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted

\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm that the above statements are true and correct.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**ASSOCIATE #2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Hm. Phone:** \_\_\_\_\_ **Wk. Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **and Official Government Issued Picture Identification Card**  
**Number** \_\_\_\_\_

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this state or any other state? ☐ Yes ☐ No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted

\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm that the above statements are true and correct.

\_\_\_\_\_  
**Applicant's Signature**

**FOR CITY USE ONLY:**

**Date Received:** \_\_\_\_\_

**Background Check Results (PD):** \_\_\_\_\_ **By:** \_\_\_\_\_

**Application Denied:** \_\_\_\_\_

**Application Approved:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Permit #(s):** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Fee:** \_\_\_\_\_ **Pd:** ☐ Ck ☐ Cash